PART B - FEE(S) TRANSMITTAL

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JUN 0 4 2004

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

00500

APPLICATION NO.

09/965.128

7590

03/08/2004

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC 701 FIFTH AVE **SUITE 6300** SEATTLE, WA 98104-7092

> FILING DATE 09/26/2001

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Jimpy	(Depositor's name)	
	Patterson,	(Signature)
	06/04/0	(Date)
FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
Gabriele Barlocchi	. 854063.650	1796

TITLE OF INVENTION: INTEGRATED CHEMICAL MICROREACTOR, THERMALLY INSULATED FROM DETECTION ELECTRODES, AND MANUFACTURING AND OPERATING METHODS THEREFOR

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	06/08/2004	
EXA	MINER	ART UNIT	٢	CLASS-SUBCLASS	· ·		
REDDING	G, DAVID A	1744		435-287200	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			names of agents OR	ting on the patent front page up to 3 registered patent alternatively, (2) the name ag as a member a registered	attorneys or 1 Jenken: e of a single	s & Gilchrist	
□ The Address Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		agent) and	the names of up to 2 regis or agents. If no name is list	stered patent			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

STMicroelectronics 'S.r.1.

Agrate Brianza, ITALY

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
X Issue Fee	X A check in the amo	unt of the fee(s)	is enclosed.				
№ Publication Fee	☐ Payment by credit of	☐ Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies	The Director is he Deposit Account Num	reby authorized ber 10-044	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).			

(Authorized Signature)	(Date)
- 1. Yalon	6.4.04
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06/08/2004 WABRHAM2 00000181 09965128

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PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

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FEE TO A NOMITTAL			Complete if Known					
FEE TRANSMITTAL		Application Number 09/965,128-Conf. #179			28-Conf. #1796			
for FY 2004	- 1	Filing Date September			er 26, 2001			
			First Named Inventor Gabriele Barlocchi			Barlocchi		
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name D. A. Redding			dding			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1744						
TOTAL AMOUNT OF PAYMENT (\$) 1,630.00	\Box	Attom	ey Do	cket No	o. (61179-00	009USPX	
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	entinued)	
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Deposit Jenkens & Gilchrist, a	1051	130	2051	65	Surcharge -	- late filing fe	e or oath	
Name Professional Corporation The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge - sheet,	- late provisi	onal filing fee or cover	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		snecificatio	n	<u> </u>
					_	on-English specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812			For filing a request for ex parte reexamination Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner ad	ction	•	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting, Examiner ac	equesting publication of SIR after xaminer action		
FEE CALCULATION	1251	110	2251	55	Extension for	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210			n second month	
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Paid	1253	950	2253		Extension fo			<u> </u>
Code (\$) Code (\$)	1254	1,480	2254	740	Extension fo	or repty within	n fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	_	Extension fo		n fifth month	
1002 340 2002 170 Design filing fee	Design filing fee 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal							
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for		и ан аррсаг	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		_	lic use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to revive – unavoidable			
00010172(1) (0) 0.00	1453	1,330	2453	665	Petition to re	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,330	2501	665	Utility issue fee (or reissue)			1,330.00
Claims below Fee Paid	1502	480	2502	240	_	Design issue fee		
Total Claims 11 -33** = x = 0.00	1503	640	2503	320	Plant issue f			
Claims 3 4 = 0.00	1460	130	1460	130	Petitions to			
Multiple Dependent	1807	50	1807	50	-		CFR 1.17(q)	
Large Entity Small Entity Fee Fee	1806	180	1806	180			on Disclosure Stmt essignment per	
Code (\$) Code (\$) Fee Description	8021	40	8021	40	property (tim	es number	of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385		iling a submission after final rejection 37 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each ad	ditional inve		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (3 Request for		(b)) Examination (RCE)	
over original patent	1802	900	1802	900	Request for	expedited ex		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent					of a design a Publication f		voluntary, or	200.00
		fee (spe		1504	normal publi	cation		300.00
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater, For Reissues, see above	*Redu	iced by I	Basic Fi	ling Fee	Paid	SUBTO	TAL (3) (\$)	1,630.00
				-		10	W W KI-W	
SUBMITTED BY	Registr	ation No). 44	417			(if applicable))	
Name (Print/Type) Tamsen Valoir, Ph.D.		y/Agent)		,417		Telephone	(713) 951-3381	
Signature					_	Date	June 4, 2004	

I hereby certify that this corres	spondence is b	eing deposited with the U.S	6. Postal Service as Ex	cpress Mail, Airbill No	. EV 382 166 033
US, in an envelope addressed shown below. Dated: June 4, 2004	to: MS Issue	Fee, Hommissione for Pat	ents, P.O. Box 1450,	Alexandria, VA 2231	3-1450, on the date
shown below.		111111111111111111111111111111111111111			
Dated: June 4, 2004	Signature:		Llimn	ny Patterson\	